

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	9

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

2283.08

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

John Botts

09/09/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
Google

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8Mailing Address
PO Box 39000

Amount

70.00

City

San Francisco

State

CA

Zip Code

94139-3181

Purpose of Expenditure
On-line AdvertisingCategory/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaDisbursement For:
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

363901.90

Full Name (Last, First, Middle Initial) of Payee
Google

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8Mailing Address
PO Box 39000

Amount

70.00

City

San Francisco

State

CA

Zip Code

94139-3181

Purpose of Expenditure
On-line AdvertisingCategory/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainDisbursement For:
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

363901.90

Full Name (Last, First, Middle Initial) of Payee
Share Group

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8Mailing Address
4411 S. 40th Street

Amount

2128.68

City

Pheonix

State

AZ

Zip Code

85041

Purpose of Expenditure
TelemarketingCategory/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainDisbursement For:
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

363901.90

(a) SUBTOTAL of Itemized Independent Expenditures

2268.68

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

14.40

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☐

House

State: DC

Presidential

☐

Senate

☒

President

District: 00

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

363901.90

(a) **SUBTOTAL** of Itemized Independent Expenditures

14.40

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

2283.08